

By completing this survey you will help inform the training and resources OSSE provides for families regarding special education. Please note you may skip any item that you feel does not apply to you or your child. This survey should take approximately 10 minutes of your time and will remain open until Monday, December 16, 2019. If you have more than one child who received special education services, please feel free to complete a survey for each child. Thank you.

PARTNERSHIPS	The following question is about parent rights. Please think about whether teachers and administrators at your child's school make sure that you are aware of your parent rights or procedural safeguards:	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	<ol> <li>My child's school ensures that I understand special education procedural safeguards (the rules that protect the rights of parents).</li> </ol>							
PARENT RIGHTS/PROCEDURAL SAFEGUARDS	The following question is about how you feel about partnerships in your child's school. Please think about if you provided input into the development of your child's Individualized Education Program (IEP).	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	I am treated as an equal partner by my child's teachers and other professionals in planning his/her special education program.							
		Frequently	Weekly	Monthly	Upon Request	1-2 times a year	Never	
	3. How often do you communicate with your child's teacher about his/her progress?							
	4. How often do you initiate communication with your child's teacher, or follow up if you are contacted by the school?							
INVOLVEMENT AND PARTICIPATION	The following are regarding your participation in your child's IEP development. Think about if your family took part in your child's IEP meeting and development.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	5. My child's teachers and other professionals encourage me to participate in developing my child's Individualized Education Program (IEP).							
	<ol><li>My ideas and suggestions are considered at my child's IEP meetings.</li></ol>							
TRAINING AND INFORMATION	Provide a response about your child's school providing training and information to you during the school year.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	7. My child's school offers information and training that will help me participate fully in my child's IEP meetings.							
COMMUNICATION	Provide a response regarding the communication you receive from your child's school.	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A
	8. My child's school shares, exchanges or imparts information, resources or news with me.							
	<ol><li>The information I receive about my child's special education program is communicated in an understandable way.</li></ol>							
	10. My child's school communicates regularly with me about my child's progress on their annual IEP goals.							

CULTURE	Please think about whether takes into account the custo lifestyle, traditions, heritage attitudes of our family.	ms, way of life,	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A	
SATISFACTION	11.My child's school shows as it relates to my child's		:							
	Please indicate if you are pleased with or believe that the wishes, expectations, or needs of your family have been met.		Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree	N/A	
	12.I am satisfied with the producing this past year.	rogress my child made								
SAT	13. My child's school asks fo how well my child is doin education services.									
The following questions are regarding your child.										
	hat is your child's race/ethnic	•	D :(; 1.1							
	frican American or Black		n or Pacific Islaı			☐ Hispanio	or Latino			
□ American Indian or Alaskan Native □ Caucasian or White										
15. What is your child's primary disability?  Autism Deaf-Blindness Hearing Impairmen Deafness Developmental Delay Multiple Disabilities			nent pility	☐ Other He☐ Specific	edic Impairn ealth Impairr Learning Di Language Ir	nent sability	<ul><li>□ Traumatic Brain Injury</li><li>□ Visual Impairment including Blindness</li></ul>			
16.In	the 2018-19 school year, wha	t was your child's grad	de?							
	Preschool K 1	2 3	4 5	6	7	8	9 10	11	12	
17.In	the 2018-19 school year, wha	t was your child's age	?							
	3 4 5 6	7 8 9	10 11	12 13	14 15	16	17 18	19 20	21	
18. WI	here does your child attend so	chool? (please state s	chool name)							
	Pistrict of Columbia Public Sch	ools (DCPS)		Others_						
□P	ublic Charter Schools									
Division of Systems and Supports, K-12 – Distribution List  Parent Participation/Contact Information (Optional)  1. If you are interested in receiving information regarding trainings, public hearings or meetings for parents, please provide your contact information.										
	nis information will remain confi									
	ame:									
	dress:									
		il Address:Phone Number:								
2. PI	ease provide your relationship to	o the child.								
	☐ Mother ☐ Grandfather ☐ Adult sibling				☐ Other, please specify					
	☐ Father ☐ Aunt			☐ Step parent						
	Grandmother	☐ Uncle		☐ Foster c	are provider					
	lease select your age range.  Under 17  18-29	5 □ 26-	36	□ 37-47		□ 48-58		☐ 59 and o	lder	







